



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Ved Aggarwal MD

**Respondent Name**

Travelers Indemnity Co of Conn

**MFDR Tracking Number**

M4-16-1114-01

**Carrier's Austin Representative**

Box Number 5

**MFDR Date Received**

December 28, 2015

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "according to Laboratory Guidelines for Workers Compensation the Codes are Reimbursable..."

**Amount in Dispute:** \$467.94

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "the Carrier reviewed the billing and issued reimbursement for the drug screen, but denied reimbursement for the individual panels as they are included in the reimbursement for the drug screen itself. ...The Carrier has reviewed the Medicare coding edits applicable to urine drug screen. The Carrier contends reimbursement for the individual panels is included in the reimbursement for the urine drug screen itself."

**Response Submitted by:** Travelers

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 20, 2015	Urinary Drug Screens	\$467.94	\$467.94

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - P12 – Workers' compensation jurisdictional fee schedule adjustment

- 97 – Allowance included in another service
- W3 – Additional payment made on appeal/reconsideration

### Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the applicable rule pertaining to reimbursement?
3. Is the requestor entitled to additional reimbursement?

### Findings

1. The insurance carrier denied disputed services with claim adjustment reason code 97 – "Allowance included in another service." 28 Texas Administrative Code §134.203 (b) states,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

Review of the submitted information finds:

- The services in dispute are drug screens. Chapter 12 of the *National Correct Coding Initiative Policy Manual for Medicare Services* states,
  - "Physicians should not unbundle urine drug screen testing and report HCPCS codes G0431 and G0434 for the same patient encounter."

Review of the submitted claim finds only code G0431 was submitted and is in dispute. No CCI edits were found on the remaining codes in dispute.

The insurance carrier's denial reason is not supported. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.

2. 28 Texas Administrative Code §134.203(e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,

- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.203(e) (1). The maximum allowable reimbursement (MAR) for the services in dispute is 125% of the fee listed for the codes in 2015 Clinical Diagnostic Laboratory Fee Schedule found on the Centers for Medicare and Medicaid Services website at <http://www.cms.gov>. The total MAR is calculated as follows:

Date of Service	Submitted Code	Submitted amount on claim	Units	Maximum allowable reimbursement
August 20, 2015	G6056	\$320.00	4	$\$26.48 \times 125\% = \$33.10 \times 4 = \$132.40$
August 20, 2015	G0431	\$240.00	1	$\$75.63 \times 125\% = \$94.54$
August 20, 2015	G6030	\$80.00	1	$\$24.36 \times 125\% = \$30.45$
August 20, 2015	G6031	\$80.00	1	$\$25.17 \times 125\% = \$31.46$

August 20, 2015	G6032	\$80.00	1	$\$23.42 \times 125\% = \$29.28$
August 20, 2015	G6034	\$80.00	1	$\$21.09 \times 125\% = \$26.36$
August 20, 2015	G6036	\$80.00	1	$\$23.42 \times 125\% = \$29.28$
August 20, 2015	G6037	\$60.00	1	$\$18.44 \times 125\% = \$23.05$
August 20, 2015	G6040	\$60.00	1	$\$14.70 \times 125\% = \$18.38$
August 20, 2015	G6041	\$160.00	1	$\$40.85 \times 125\% = \$51.06$
August 20, 2015	G6042	\$80.00	1	$\$21.15 \times 125\% = \$26.44$
August 20, 2015	G6044	\$80.00	1	$\$20.62 \times 125\% = \$25.78$
August 20, 2015	G6045	\$120.00	1	$\$28.10 \times 125\% = \$35.13$
August 20, 2015	G6046	\$120.00	1	$\$34.98 \times 125\% = \$43.73$
August 20, 2015	G6052	\$80.00	1	$\$23.98 \times 125\% = \$29.98$
August 20, 2015	G6053	\$80.00	1	$\$22.22 \times 125\% = \$27.78$
		Total		\$655.10

3. The total allowable for the services in dispute is \$655.10. The carrier previously paid \$137.08. The requestor is seeking \$467.94. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$467.94.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$467.94 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

### **Authorized Signature**

		January , 2016
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**